



STATE OF WASHINGTON  
**WASHINGTON STATE BOARD OF HEALTH**

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May 11, 2005

**TO:** Washington State Board of Health Members

**FROM:** Craig McLaughlin, Executive Director

**SUBJECT: PROPOSED APPROACH TO PLANNING FOR 2005-07**

**Background and Summary**

The Washington State Board of Health typically develops a work plan for each biennium. The Board's current work plan extends through June 30, 2005. The Board traditionally outlines each new work plan in the first month of each biennium and adopts a plan in the early fall. The Board's planning process has varied considerably in recent biennia, but the outcomes have been largely consistent.

As the Board enters the 2005-07 Biennium, it has several other planning-related requirements:

- All state agencies are required by the Governor to have a strategic plan.
- A new state health report is due to the Governor in January 2006.
- The Board is required to hold public forums across the state every five years as part of its work on developing the state health report, and it last held these in 2000.
- Executive Order 05-02 requires every state agency to develop clear, relevant, and easy-to-understand performance measures.
- For the first time this year, the Board is participating in site assessments for the standards developed by the Public Health Improvement Partnership (PHIP).

The purpose of this memo is to propose a preliminary structure for planning for 2005-07. The basic assumptions include:

- The 2005-07 plan will use the priorities in the *2004 Washington State Health Report* as an initial framework.
- That plan will be a strategic plan, rather than just a work plan.
- The strategic plan will include performance measures.
- The Board will work with the Office of the Governor, the Department of Health (DOH), the PHIP, and other partners to leverage and integrate planning activities to the greatest extent practical.

- The Board will focus on developing an early draft of its strategic plan at its September 7, 2005 meeting in Diamond Lake.
- The Board's existing committee structure is adequate to prepare for strategic planning.
- Committees and staff members will prepare a menu of options and supporting materials during the summer. To inform the Board and the committees, Board staff will meet with key members of the agency and Governor's staff, seek input electronically from key informants, and identify resources that discuss and evaluate policy options.

### **Recommended Board Action**

No formal action is requested. This is an opportunity for the Board to provide guidance and direction to staff.

### **Discussion**

#### **Assumption 1: The 2005-07 plan will use the priorities in the 2004 *Washington State Health Report* as an initial framework.**

For the 1999-01 Biennium, the Board made a decision to identify and focus on a limited number of policy priorities. It established policy committees with specific foci and staff members assigned to each committee worked with the members to develop committee work plans. It then rolled up these committee work plans into a work plan for the Board. The Board also adopted a set of criteria for choosing policy projects (attached).

Prior to the 2001-03 Biennium, the Board's staff engaged in several activities designed to help the Board identify priority projects. It interviewed key informants, conducted a high-level literature review it called "the survey of surveys," and posted a survey on its Web site. A facilitator met with the Board in July 2001 and helped the Board identify its policy priorities. Those priorities were nearly identical to the ones in the previous biennium. In 2003-05, the executive director drew up a memorandum outline and work plan based on conversations with Board members, known new assignments, and ongoing work. That memo was later amended by a second memorandum.

Since the 2002 *Washington State Health Report*, a limited number of strategic directions have been proposed. These strategic directions have matched up well with the Board's policy priorities (see attached chart). The Board is required to prepare this report to help agencies set priorities for the upcoming biennium. Specifically, it is intended to guide the development of agency budgets and request legislation. The 2004 version is intended to guide policy in the 2005-07 Biennium. Because this report by the Board seeks to set priorities for other health agencies, it makes sense that the Board would follow its own guidance, especially given the congruency between the report's priorities and recent Board projects. Therefore, the Board may wish to use the 2004 *Washington State Health Report* strategic directions as an initial framework for its own policy work. Some adjustments will be necessary. Most notably, the report does not address environmental health, although it does speak to clean air and water. The Board, therefore, would have to expand on this strategic direction to undertake any environmental health projects.

2004 SHR	Committees	1999-01 Work Plan	2001-03 Work Plan	2003-05 Work Plan
Maintain and improve the public health system	No established committee or work plan; work has been done ad hoc with individual Board sponsor		<ul style="list-style-type: none"> <li>• <i>Response Capacity During A Health Emergency—A Review of Selected Issues</i> report (post - 9/11)</li> <li>• PHIP Participation</li> </ul>	<ul style="list-style-type: none"> <li>• PHIP Participation</li> <li>• PH Legal Capacities</li> <li>• Emerging Issues (zoonotics)</li> </ul>
Ensure fair access to critical health services	Access	<ul style="list-style-type: none"> <li>• Menu of Critical Health Services</li> <li>• Recommended Children's Preventive Services (Children's Committee)</li> </ul>	<ul style="list-style-type: none"> <li>• Menu of Critical Health Services Status Report</li> </ul>	<ul style="list-style-type: none"> <li>• Access Work Handed Off to PHIP Committee</li> <li>• Immunization Issues</li> </ul>
Improve health outcomes and increase value		<ul style="list-style-type: none"> <li>• See Access above</li> </ul>	<ul style="list-style-type: none"> <li>• See Access above</li> </ul>	
Explore ways to reduce health disparities	Health Disparities	<ul style="list-style-type: none"> <li>• Workforce Diversity</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce Diversity</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce Diversity</li> </ul>
Improve nutrition and increase physical activity	Children's Health			<ul style="list-style-type: none"> <li>• Food, Fitness, and Our Kids Forums</li> <li>• Support School NPA Policies</li> <li>• UPN-11 Marketing</li> </ul>
Reduce tobacco use	Board has deferred to DOH on tobacco issues	<ul style="list-style-type: none"> <li>• Board resolution</li> </ul>		
Safeguard healthy air and healthy water	Environmental Health (formerly Environmental Justice)	<ul style="list-style-type: none"> <li>• <i>State Board of Health Priority: Environmental Justice</i> Report</li> </ul>		<ul style="list-style-type: none"> <li>• <i>Community Environmental Health Assessment</i> Report</li> </ul>

**Assumption 2: That plan will be a strategic plan, rather than just a work plan.**

All state agencies are expected to have a strategic plan by the Office of the Governor and the Office of Financial Management. The Board does not have a strategic plan. A strategic plan differs from the Board's work plans in that it contains more than a description of projects and tasks. Typical elements are mission, vision, values, objectives, and strategies.

**Assumption 3: The strategic plan will include performance measures.**

Strategies identified in a strategic plan often are associated with performance measures. Executive Order 05-02 requires all state agencies to develop a government management, accountability, and performance system (GMAP). As part of this effort, agencies must articulate, monitor, and be

accountable for “clear, relevant, and easy-to-understand measures that show whether or not programs are successful.” Generating performance measures for a policy body with no ongoing programmatic activities will be challenging, especially in the field of public health where the benefits of policies may not be realized quickly. We also do not know how the Office of the Governor will want to apply GMAP to small agencies, especially independent boards and commissions.

**Assumption 4: The Board will work with the Office of the Governor, the Department of Health (DOH), the PHIP, and other partners to leverage and integrate planning activities to the greatest extent practical.**

There is potentially a huge amount of overlap between the many planning imperatives facing the Board and its partners. There are clear benefits to trying to align the various processes.

The Board needs a work plan/strategic plan, and it must write the *2006 Washington State Health Report*. In 2001, the research done for the Board’s 2001-03 work plan significantly shaped the *2002 Washington State Health Report*. The public forums required by statute are intended to inform the report, but they could also shape the Board’s work plan.

At the same time, DOH will be working on its own strategic plan and GMAP measures. Because the Board’s budget appears as part of DOH’s overall budget, DOH budget submissions will need to reflect the Board’s performance measures. And because the Board relies so heavily on the DOH administrative structure, DOH performance measures may satisfy external expectations placed on the Board. Other partners—such as the Department of Ecology and the Office of Superintendent of Public Instruction—will also be involved in strategic planning activities. Coordinating with these agencies could avoid inefficiencies and conflicts and perhaps promote synergies.

The Board is participating in the PHIP Standards Assessment for the first time this year. There are measures associated with each standard, but some of those measures may not apply to the Board. The Board will build on what it learns from participating in this year’s assessment and may work with the PHIP Standards Committee to propose measures specific to the Board. This process might clarify the Board’s role and accountability and may help clarify performance measures for GMAP and the Board’s strategic plan.

The new Governor has emphasized strategic planning and accountability. She has also said health will be one of her administration’s top priorities. She has charged the new Health Care Authority administrator with heading up a team to reduce health care costs. The *2006 Washington State Health Report* will be one of the first attempts to articulate strategic directions for all executive health agencies. It may be possible to coordinate with the Office of the Governor and other agencies to increase the value and influence of the public forums and the state health report. The Governor, for example, may be willing to preside over one of the forums.

**Assumption 5: The Board will focus on developing an early draft of its strategic plan at its September 7, 2005 meeting in Diamond Lake.**

The Board has often tried to begin shaping a work plan in July. Staff hiring, the long legislative session, the gubernatorial transition, cabinet appointments, and other factors have made it difficult to prepare for strategic planning in advance. The Board already has a full agenda planned for July. Also, July should be the last meeting for at least two, and perhaps as many as four, of the current Board members. Among those leaving is the Board Chair. The Board's September meeting is planned for Diamond Lake. The isolated location will make it difficult to conduct business that would require significant participation by other agencies or the public. But it will provide a retreat-like setting where the newly reconfigured Board can begin planning its future.

**Assumption 6: The Board's existing committee structure is adequate to prepare for strategic planning.**

As mentioned above, there is not a perfect match between the existing committee structure and the *2004 Washington State Health Report*. The committees' subject areas also do not encompass all of the Board's recent work or its statutory authority. There is no committee, for instance, for all the communicable disease work done by the Board. The current structure, however, can be used to develop options for policy work in 2006-07. The committees may need to consider options slightly outside their typical purviews. The Access Committee could examine communicable disease issues, for example. The Children's Health and Well-Being Committee, which has been focusing on children's nutrition and physical activity, could be the appropriate committee for considering possible projects related to physical activity for adolescents and adults.

The committees will also need to be able to work together to evaluate possible activities that cut across their areas of work. A project on integrating public health into community planning and development activities, say, could have implications for Health Disparities, Environmental Health, and Children's Health and Well-Being Committees, as well as implications for policy areas—healthy aging, for example—that fall outside the established committees. In particular, health disparities could and probably should be integrated across everything the Board does.

The committee structure could be reformulated after the adoption of a strategic plan. These new committees could refine portions of the strategic plan prior to final adoption in the fall.

**Assumption 7: Committees and staff members will prepare a menu of options and supporting materials during the summer. To inform the Board and the committees, Board staff will meet with key members of the agency and Governor's staff, seek input electronically from key informants, and identify resources that discuss and evaluate policy options.**

Extensive work can and should be done now to prepare for September. Committees should be prepared to discuss a variety of possible objectives, strategies, and performance measures.

Several ideas have been floating among Board members and staff, but I propose that the Board cast a broader net. Through DOH, the Board has the capacity to distribute electronically an online survey to a large number of stakeholders. The survey instrument would be very similar to the tool used in 2001 for the online questionnaire and for the key informant interviews. It would be sent to a

variety of people, including academicians, leaders of nongovernmental organizations, tribes, local health jurisdictions, and policy makers. In addition, the Board is required by statute to consult with the heads of health-related agencies.

Board staff will also survey policy documents related to the Board's work. This will be somewhat similar to the Survey of Surveys completed in 2001, but will focus more on documents that present and evaluate various options for new policy work (as compare, say, to epidemiological data). These would include things like DOH's work on nutrition and physical activity policies and the national report on what states have done to address health disparities.

In mid-May, after enrolled bills are signed, the Governor's staff may be more available to discuss ways that the community forums and the *2006 Washington State Health Report* can be integrated with the Governor's plans, as well as the expectations the Governor will have of the Board under GMAP.

A strategic planning session in September does not leave a lot of time for organizing community forums or drafting the *2006 Washington State Health Report*, but significant preliminary work can be done before that, and that work can inform the decisions that go into the strategic plan.